

Prison Health Services  
Inmate Informal Grievance

Return To [initials]

Cecilia Boyd

NAME

208421

AIS #

6-13-06 28

UNIT

8-7-06

DATE

PART A--Inmate Complainant

Dear Ms. Wilson, this makes my three time complaining about nurse Bush. She is still mess with me. She isn't give me proper medical help, and last week she made two inmate to kill me off and put me back in the visiting room, even though she knew, that I was brought up their on stretcher. I know I'm in prison, but I don't think it's good for nurse bush and the other nurse's to be trying to tell officer on first shift to kill me. Like I told Sgt. Hargrave, my mother said, she don't find that fun at all, that your those're are trying to get me kill, just because I file a suit against them, and because I come to the HCU complaining about my back pain. Please call me over to talk about this.

Cecilia Boyd

INMATE SIGNATURE

DATE RECEIVED 8-5-06PART B-RESPONSE

Mr. Boyd; you have been given the proper treatment. As we talked today, no one is trying to kill you and I don't know where you got such an idea. You have an appointment to see Dr. Daibouze today.

Keilson, RN/HCA

MEDICAL STAFF SIGNATURE

8-7-06

DATE

If resolution has not occurred and you wish to file a formal grievance you may request a grievance form from the Health Services Administrator. Return the completed grievance form to the Health Service Administrator.

	Y	N		Y	N
I Dissatisfied with Quality of Medical Care	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VI Delay in Health Care Provided	<input type="checkbox"/>	<input type="checkbox"/>
II Dissatisfied with Quality of Dental Care	<input type="checkbox"/>	<input type="checkbox"/>	VII Problems with Medication	<input type="checkbox"/>	<input type="checkbox"/>
III Dissatisfied with Quality of Mental Health Care	<input type="checkbox"/>	<input type="checkbox"/>	VIII Request to be seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV Dissatisfied with Response to Non-Medical Request	<input type="checkbox"/>	<input type="checkbox"/>	IX Request for Off-site Specialty Care	<input type="checkbox"/>	<input type="checkbox"/>
V Conduct of Healthcare Staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X Other	<input type="checkbox"/>	<input type="checkbox"/>

Exh. B & A

AUG 7 2006